

MENTAL HEALTH

Planner



This Planner Belongs To

Habit Tracker

WEEK OF _____

[illegible]

Sleep Tracker

MONTH OF:

YEAR:

[illegible]

Monthly Sleep Tracker

Month

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PM

AM

[illegible]

Personal Water Tracker

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Therapy Notes

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Important

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Notes

Daily Manifestation

I WANT TO MANIFEST:

MY PRAYER TO THE UNIVERSE:

VISUALIZATION:

I see

I have

I feel

MY DAILY AFFIRMATIONS

1. -----

2. -----

3. -----

ACTION PLAN

1. -----

2. -----

3. -----

Self Care Journal

MONTH:

YEAR:

AFFIRMATIONS

I'M PROUD OF MY...

I'M GRATEFUL FOR...

NOTE TO SELF:

Self-care Intention

Physical Self-care

Emotional Self-care

Spiritual Self-care

Intellectual Self-care

Social Self-care

Environmental Self-care

Subject Notes

-
-
-

Self-Care Bucketlist

Date:

S M T W T F S

My List		Goals	

Notes

Self Care Assessment

1. 2. 3. ★ Psychological/Emotional Self-Care

☐☐☐☐

Participate in hobbies

☐☐☐☐

Go on vacations or day-trips

☐☐☐☐

Find reasons to laugh

☐☐☐☐

Talk about my problems

☐☐☐☐

Learn new things, unrelated to work or school

1. 2. 3. ★ Social Self-Care

☐☐☐☐

Spend time with people who I like

☐☐☐☐

Meet new people

☐☐☐☐

Overall social self-care

☐☐☐☐

Keep in touch with old friends

☐☐☐☐

Ask ofthers for help, when needed

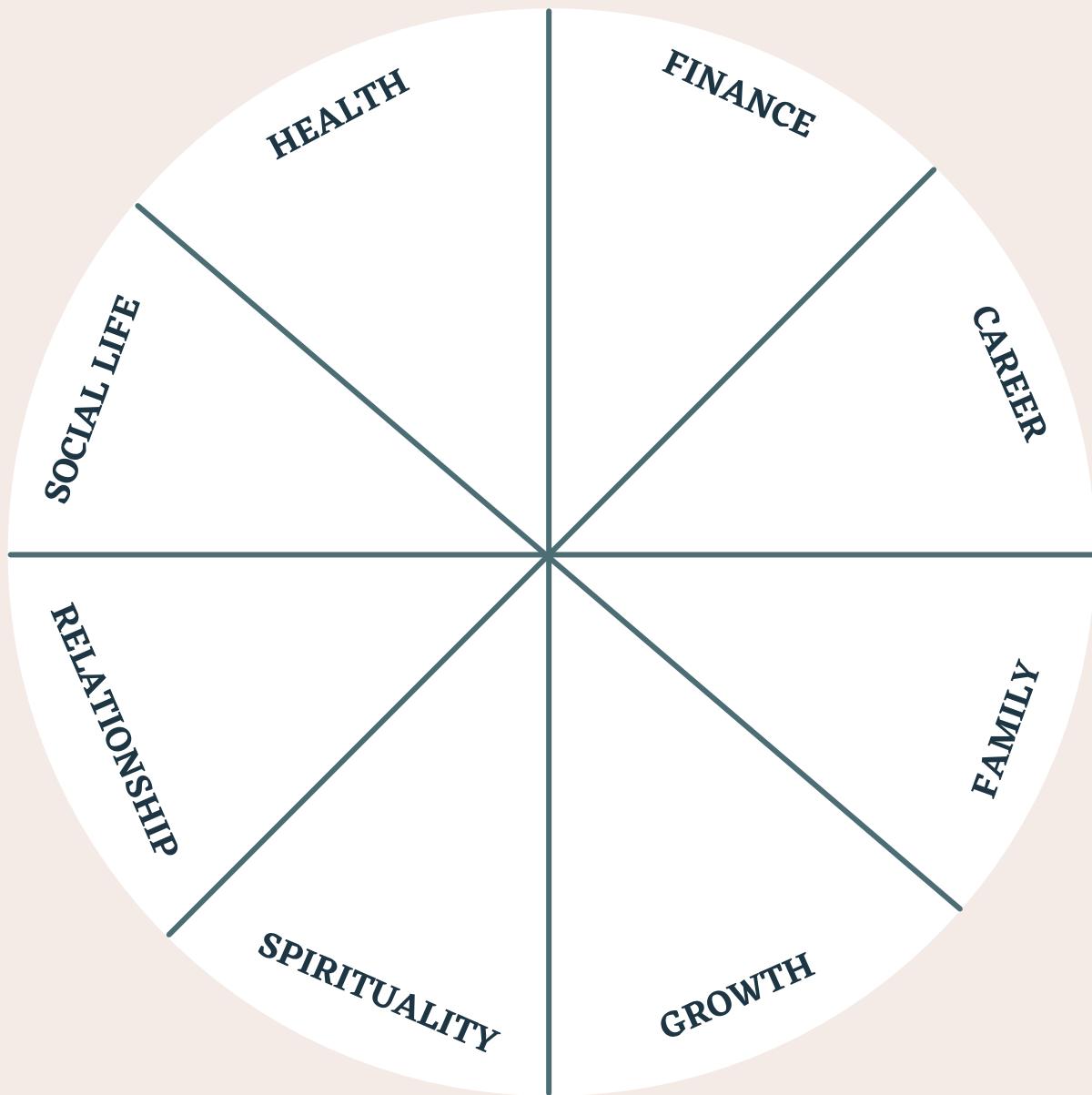
30 Day Self-Care Challenges

☐ Stretch all your muscles	☐ Drink more water	☐ Go for a walk in nature	☐ Eat your favorite treat	☐ Go to bed early
☐ Listen to favorite song	☐ Eat vegetarian meals	☐ Take a nice bubble bath	☐ Cook your favorite meal	☐ Practice yoga
☐ Go on a solo date	☐ Journaling	☐ Give yourself a facial	☐ Practice gratitude	☐ Try a DIY Project
☐ Watch the sunrise	☐ Read a book	☐ Explore a new city	☐ Watch your favorite movie	☐ Give yourself a manicure
☐ Get some sunlight	☐ Start a new hobby	☐ Write out your goals	☐ Organize your closet	☐ Watch the sunset
☐ Give yourself a break	☐ Learn a new skill	☐ Create your ideal future	☐ Surround yourself with positivity	☐ Drink plenty of water

Wheel Of Life

Assess Your Life

Assess your level of full for each theseoreas on a scale from
the wheel of life



Self-Care *Activities* Planner

Date: _____

M T W T F S S

Mood



I am Grateful For

Note For Today

*Be gentle with
yourself.*

My Schedule

Medication Tracker

[illegible]

Goal Planner

START DATE:**END DATE:**

MY GOALS

AFFIRMATION/QUOTE

ACTION PLANS

□

11

11

11

11

7

9

7

1

9

Reframe My Thoughts

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

Symptoms Tracker

[illegible]

My Anxiety

3 THINGS THAT TRIGGER MY ANXIETY



3 THINGS I TEND TO HAVE WHEN ANXIOUS

3 PHYSICAL SYMPTOMS I HAVE WHEN ANXIOUS

114

Anxiety Checklist

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Anxiety Checklist

"I act with confidence because I know what am doing.

"I am different and unique, and that is OK."

"I am safe in the company of others."

"Day by day, minute to minute I am capable and prepared"

"I am prepared and ready for this situation."

"People assume I can do this, know I can and I will."

"I am at ease when talking to other people."

"I have survived my anxiety before. I will survive it now"

Deep Breath Assistance

[illegible]

My Mindset

Thoughts That Help Me Grow

Thoughts That Won't Help Me Grow

Name: _____ Date: _____

ANXIETY BREAKDOWN

What is making you feel anxious?

What thoughts are going through your head?

How is your body responding?

What is the worst thing that can happen?

What can you control in this situation?

What can you do to calm your body?

Physical vs. Mental ILLNESS

Physical Illness

Any physical condition that significantly impacts one's daily activities.

Examples

Flu

Broken Bone

Food Allergy

Ways to Address

Medical Consultation

Physical therapy

Medications

Mental Illness

Any condition affecting emotion, thinking, or behavior and influencing how a person functions.

Examples

Anxiety

Depression

Attention-Deficit/Hyperactivity
Disorder (ADHD)

Ways to Address

Medical Consultation

Behavior therapy

Medications

Physical Need

health care

Annual Check-up for a month

1

2

3

4

5

Health Issue

Doctor's Note

Nutrition

Breakfast

Lunch

Dinner

Sleep

1

2

3

4

5

1

2

3

4

5

My Safety Plan

MY CIRCLE OF SUPPORT

MY TRIGGERS

MY STRENGTHS

--

MY COPING SKILLS

--

MY TRIGGERS

MY DISTRACTIONS

--

Anxiety Log

[illegible]

Worry Exploration

Is my worrying about something going to stop it from happening?

Is there anything I can physically do to sort the problem out? If so, what?

Am I making up worries to feed my addiction to worry? If so, why?

Other thoughts:

Mindfulness Worksheet

[illegible]

Acceptance Worksheet

[illegible]

Deep Breathing

[illegible]

Mental Health Checklist

Positive Thoughts

[illegible]

My Main Goals

Leisure

Family

Friends

Describe how your life will be different when you accomplish your goals

My Main Goals

Finances	Volunteering Or Contributions	Physical Health

Education	Mental Health	Work or Project

[illegible]

Daily Food Tracker

Date:

BREAKFAST	SNACKS	LUNCH	DINNER

TODAY'S WORKOUT

WATER INTAKE

NOTES

Food Journal

Week: _____

Breakfast	_____
Lunch	_____
Dinner	_____
Snacks	_____
Rate your day	○ ○ ○ ○ ○

Breakfast	_____
Lunch	_____
Dinner	_____
Snacks	_____
Rate your day	○ ○ ○ ○ ○

Breakfast	_____
Lunch	_____
Dinner	_____
Snacks	_____
Rate your day	○ ○ ○ ○ ○

Breakfast	_____
Lunch	_____
Dinner	_____
Snacks	_____
Rate your day	○ ○ ○ ○ ○

Breakfast	_____
Lunch	_____
Dinner	_____
Snacks	_____
Rate your day	○ ○ ○ ○ ○

Breakfast	_____
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Snacks	_____
Rate your day	○ ○ ○ ○ ○

Breakfast	_____
Lunch	_____
Dinner	_____
Snacks	_____
Rate your day	○ ○ ○ ○ ○

Notes:

Daily Planner

Do more of what you love

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REMINDER

DAILY AFFIRMATIONS

FOR TOMORROW

NOTES

Period Tracker

[illegible]

KEY	
	SPOTTING
	LIGHT
	MEDIUM
	HEAVY
	CRAMPS
	TIRED
	FATIGUE
	ACNE
	HEADACHE

CYCLE LENGTH	
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

NOTES

[illegible]

Problem Solving

Problem to Solve	End Goal

1st Solution	Pros	Cons
2nd Solution	Pros	Cons
3rd Solution	Pros	Cons

Chooosen Solution	Next Steep

Stress Level Tracker

	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>1</i>												
<i>5</i>												
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<i>15</i>												
<i>20</i>												
<i>25</i>												
<i>30</i>												

Stress Level

1

2

3

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5

Stress Tracker

[illegible]

Manifestation Worksheet

How can I reach my goal

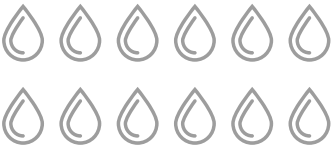
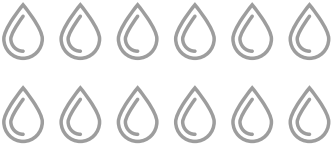
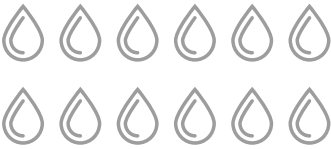
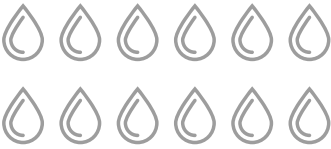
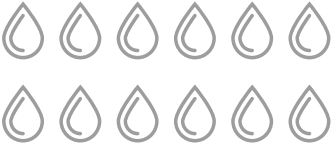
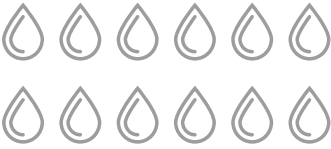
My primary goal

Why do I want this?

What will it be like once I have achieved my goal?

Health Habit

WEEK OF _____

	M E N U P L A N N E R	W O R K O U T	W A T E R I N T A K E
Monday	Breakfast	Exercise	
	Lunch		
	Dinner	Calories Burned	
	Snacks		
Tuesday	Breakfast	Exercise	
	Lunch		
	Dinner	Calories Burned	
	Snacks		
Wednesday	Breakfast	Exercise	
	Lunch		
	Dinner	Calories Burned	
	Snacks		
Thursday	Breakfast	Exercise	
	Lunch		
	Dinner	Calories Burned	
	Snacks		
Friday	Breakfast	Exercise	
	Lunch		
	Dinner	Calories Burned	
	Snacks		
Saturday	Breakfast	Exercise	
	Lunch		
	Dinner	Calories Burned	
	Snacks		
Sunday	Breakfast	Exercise	
	Lunch		
	Dinner	Calories Burned	
	Snacks		

Exercise Planner

MONDAY

TUESDAY

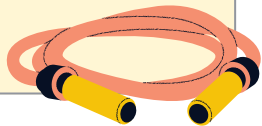
WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY



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Signature:

Journal Entry

Date:

Topic:

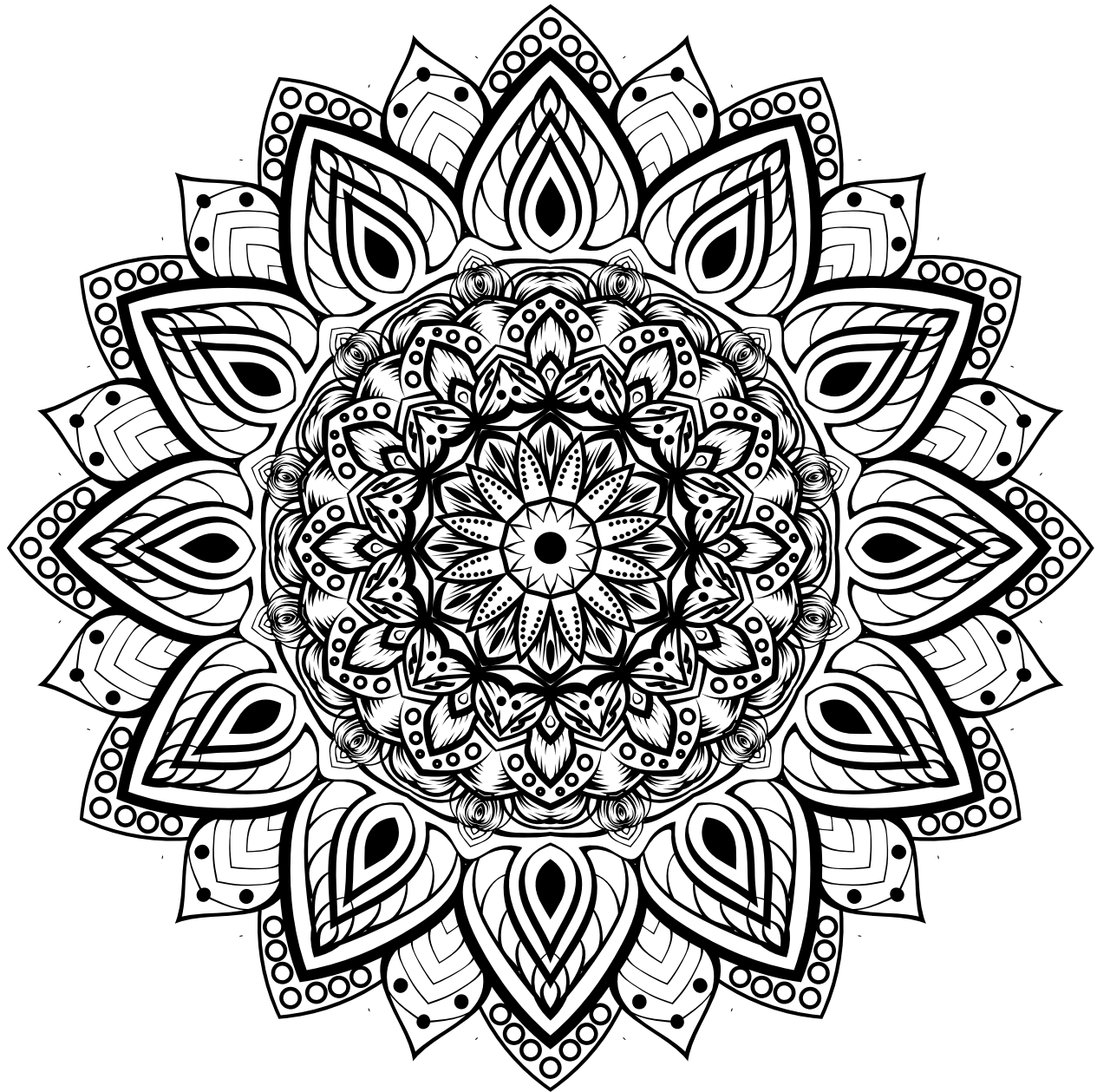
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Daily Gratitude

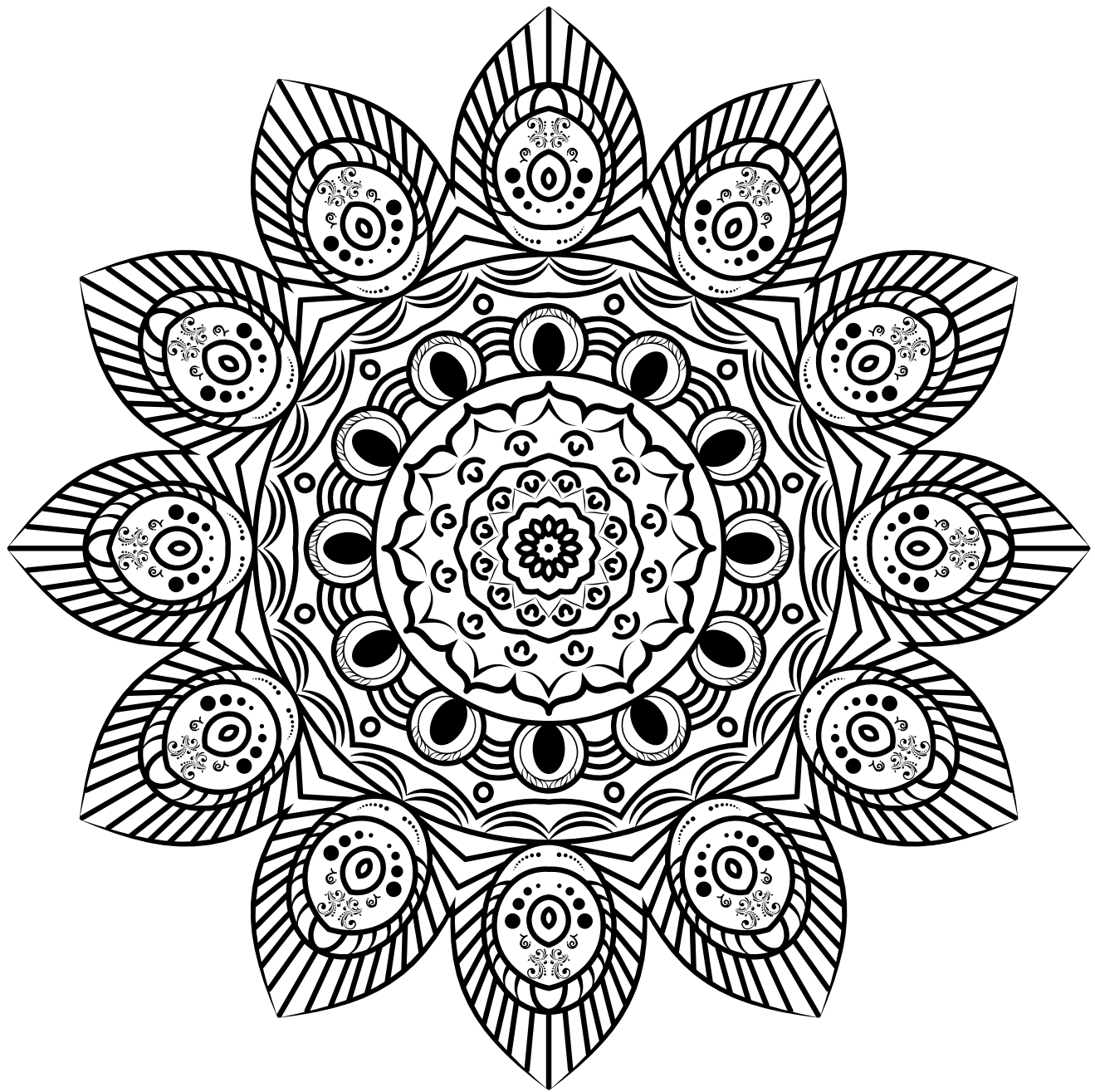
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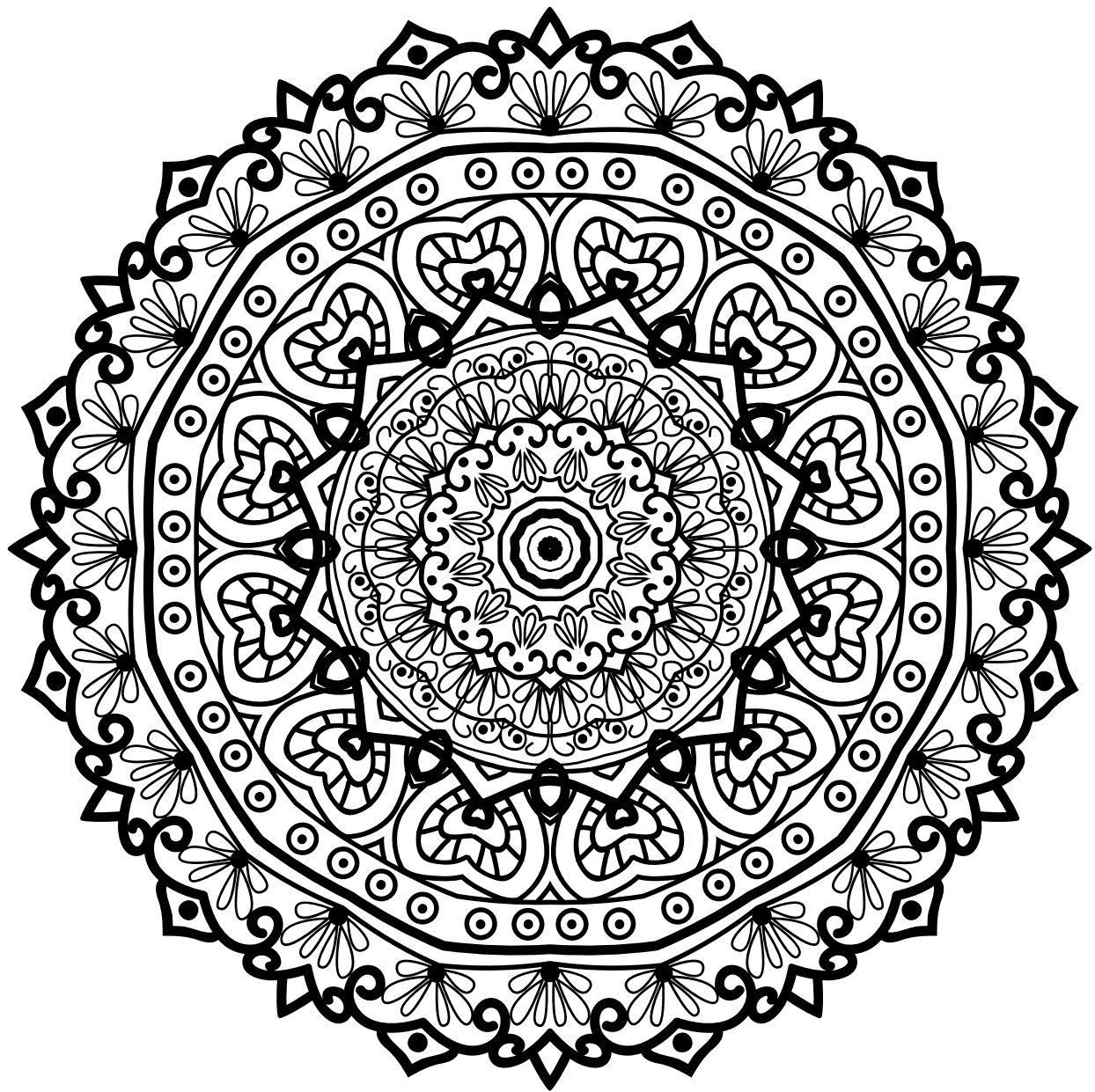
Stress Relief Coloring Page



Stress Relief Coloring Page



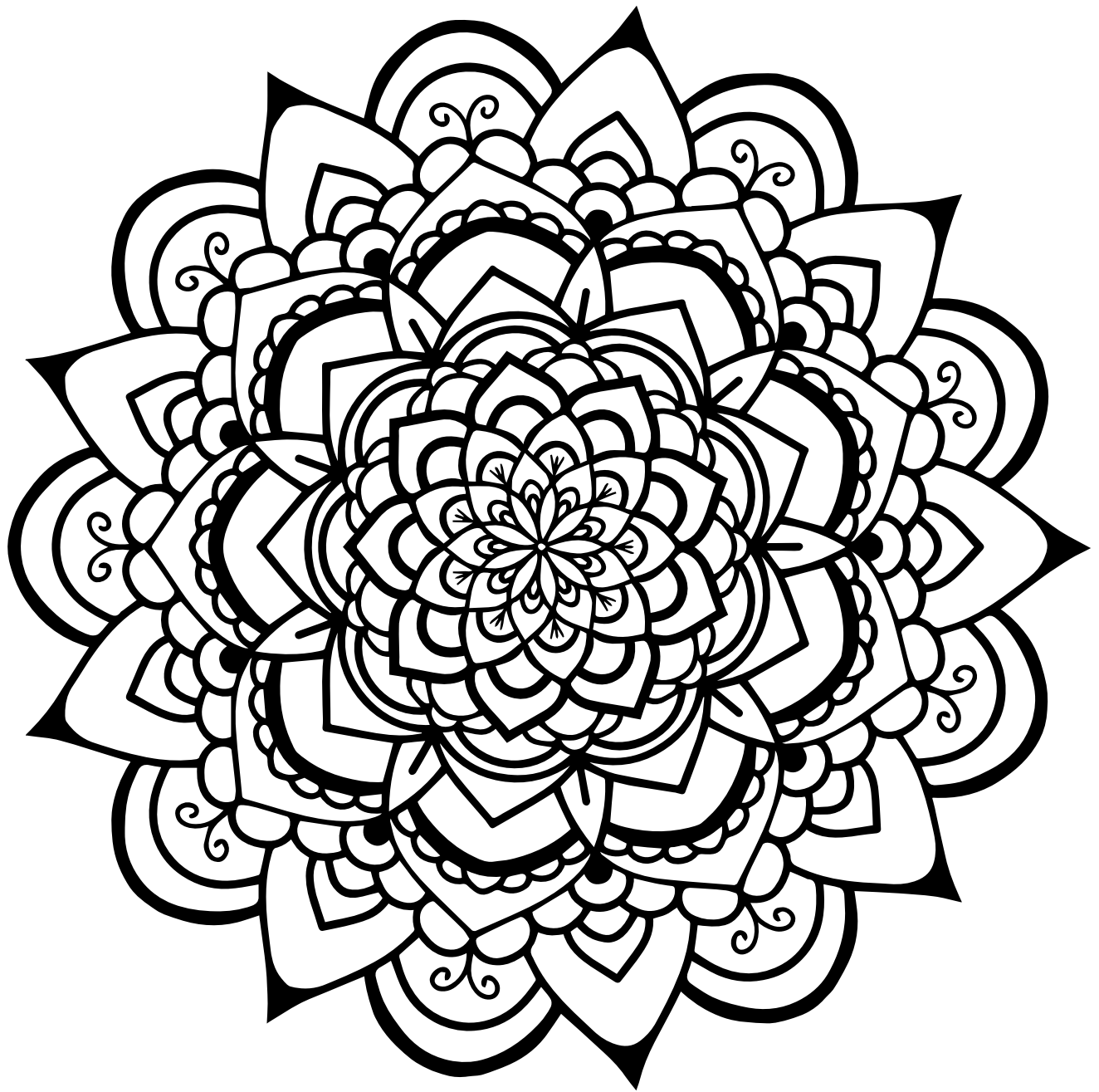
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Stress Relief Coloring Page



NOTES